

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—In case of TWINS or TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the
FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

RECEIVED OF COLUMBIA, S. C.

(1) PLACE OF BIRTH

County of Williamston
Township of Charleston
Inc. Town of.....
City of.....

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of Health

File No.—For State Registrar Only

32688

Registration District No. 4313

Registered No. 1X
(For use of Local Registrar)

(If birth occurs in a hospital or other institution give name of same instead of street and number.)

(2) Full Name of Child Edna Odell Helice Hines

(3) BOY OR GIRL girl (4) Twin or Triplet? twins (5) Number in order of birth 5 (6) Are Parents Married? yes (7) DATE OF BIRTH Sept 22, 1922
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Ellie Walter Hines

(9) PRESENT POSTOFFICE OF FATHER New Zion, S.C.

(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 31
(Year)

(12) BIRTHPLACE Williamston

(13) OCCUPATION Farmer

(20) Number of children born to mother, including present birth 5

MOTHER.

(14) NAME BEFORE MARRIAGE Bernice Benton

(15) PRESENT POSTOFFICE OF MOTHER New Zion

(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 30
(Year)

(18) BIRTHPLACE Williamston

(19) OCCUPATION Housewife

(21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was.....white.....at.....7 P.M......
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Hanail Burgess

(24) State whether Physician or Midwife Midwife

(25) Address of Physician or Midwife New Zion

Given name added from a supplemental report

(26) Witness.....
(Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed Sept 29, 1922 (28) H. Hines Local Registrar.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. If a child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.